

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted NIST/ATP		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 70NANB1H3050		OMB Approval No. 0348-0039	Page of 1 1
3. Recipient Organization (Name and complete address, including ZIP code) Computer Aided Surgery, Inc. 300 E. 33rd St., New York, New York 10018					
4. Employer Identification Number 13-383889180	5. Recipient Account Number or Identifying Number 131 068 289 685	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2001		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2001		To: (Month, Day, Year) 12/31/2001	
10. Transactions:		I Previously Reported		II This Period	
a. Total outlays				210,000.00	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00		210,000.00	
Recipient's share of net outlays, consisting of:				0.00	
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match the award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f, or g				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		0.00	
j. Federal share of net outlays (line d less line i)		0.00		210,000.00	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)		210,000.00		210,000.00	
o. Total Federal funds authorized for this funding period		210,000.00		210,000.00	
p. Unobligated balance of Federal funds (Line o minus line n)				0.00	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expenses	a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed b. Rate c. Base d. Total Amount e. Federal Share				
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Dr. D. B. Kerton, President				Telephone (Area code, number and extension) 212-588-8748	
Signature of Authorized Certifying Official <i>D. B. Kerton</i>				Date Report Submitted August 13, 2003 REVISED	

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Standard Form 289 (Rev. 7-87)
Prescribed by OMB Circulars A-102 and A-110

**GOVERNMENT
EXHIBIT
40A**
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